

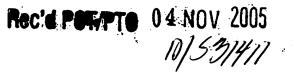
COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF **ATTORNEY'S DOCKET NUMBER: ATTORNEY** (Includes Reference to PCT International Applications) UCLA-007 As the below-named inventor, I hereby declare that: My residence, mailing address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "MONOCLONAL ANTIBODIES SPECIFIC FOR CARIOGENIC BACTERIA" the specification of which (check only one item below): is attached hereto. was filed as United States Application Serial No._____ and was amended on, _____ (if applicable). was filed as PCT International Application Number PCT/US2003/032543, and was amended under PCT Article 19 on _ (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or (f) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s) or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119(a)-(d) or (f): **PRIORITY** COUNTRY DATE OF FILING APPLICATION NUMBER CLAIMED? (if PCT, indicate "PCT") (day, month, year) □ YES □ NO

□ YES

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY'S DOCKET NUMBER: ATTORNEY (continued) (Includes Reference to PCT International Applications) UCLA-007 I hereby claim the benefit under Title 35, United States Code, §120 or §119(e) of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120 or §119(e): U.S. APPLICATION NO. **U.S. FILING DATE PATENTED PENDING** EXPIRED Ø 60/418,768 October 15, 2002 П \Box **POWER OF ATTORNEY** As a named inventor I hereby appoint Practitioners at Customer Number 24353 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. **CORRESPONDENCE ADDRESS** Customer Number 24353 Correspondence address below Direct all correspondence to: **BOZICEVIC, FIELD & FRANCIS LLP** 1900 University Avenue, Suite 200 East Palo Alto, California 94303 Telephone: (650) 327-3400 Facsimile: (650) 327-3231 Direct Telephone Calls to: (name and telephone number) Name: Paula A. Borden Registration No. 42,344 Telephone: (650) 327-3400 Facsimile: (650) 327-3231

PTO Form SB/01 (Modified)

COMBINE ATTORNE		ATTORNEY'S DOCKET NUMBER:					
(Includes Re	U	UCLA-007					
IX	FULL NAME OF	FAMILY NAME OR SURNAME	GIVEN NAME (FIRST & MIDDLE NAM	GIVEN NAME (FIRST & MIDDLE NAME [IF ANY])			
1-0	JINVENTOR	SHI	WENYUAN				
201	ADDRESS AND CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY				
		Los Angeles	California UHT	USA			
	POST OFFICE ADDRESS	STREET ADDRESS	CITY, STATE	ZIP	COUNTRY		
		10833 Le Conte	Los Angeles, California	90095	USA		
20	FULL NAME OF	FAMILY NAME OR SURNAME	GIVEN NAME (FIRST & MIDDLE NAM	ME [IF ANY])	IF ANY])		
\wedge $ $	INVENTOR	GU	FANG	FANG			
202	ADDRESS AND	CITY	STATE/FOREIGN COUNTRY	E/FOREIGN COUNTRY OF			
	CITIZENSHIP	Los Angeles	California /	P.R. of	China		
	POST OFFICE ADDRESS	STREET ADDRESS	CITY, STATE	ZIP	COUNTRY		
		10833 Le Conte Avenue	Los Angeles, California	90095	USA		
	FULL NAME OF	FAMILY NAME OR SURNAME	GIVEN NAME	1			
	INVENTOR						
203	ADDRESS AND CITIZENSHIP	СІТУ	STATE/FOREIGN COUNTRY				
	POST OFFICE ADDRESS	STREET ADDRESS	CITY, STATE	ZIP	COUNTRY		
	FULL NAME OF INVENTOR	FAMILY NAME OR SURNAME	GIVEN NAME (FIRST & MIDDLE NAM	GIVEN NAME (FIRST & MIDDLE NAME (IF ANY))			
	INVENTOR						
204	ADDRESS AND CITIZENSHIP	СІТУ	STATE/FOREIGN COUNTRY		NTRY OF ZENSHIP		
	POST OFFICE ADDRESS	STREET ADDRESS	CITY, STATE	ZIP	COUNTRY		
and state Unit issu	belief are believed to ments and the like so	be true; and further that these s made are punishable by fine or i	nowledge are true and that all states statements were made with the kn mprisonment, or both, under secti may jeopardize the validity of the SIGNATURE OF INVENTOR 203	owledge that will on 1001 of Title application or an SIGNA	ful false 18 of the		
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□ YES

□ YES

□ NO

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COMBINED DECLARATION ATTORNEY (continued) (Includes Reference to PCT In	ATTORNEY'S DOCKET NUMBER: UCLA-007								
I hereby claim the benefit under Title 35, United States Code, §120 or §119(e) of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:									
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120 or §119(e):									
U.S. APPLICATION NO.	U.S. FILING DATE	PATENTED	<u>PENDING</u>	EXPIRED					
60/418,768	October 15, 2002			Ø					
POWER OF ATTORNEY As a named inventor I hereby appoint Practitioners at Customer Number 24353 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.									
CORRESPONDENCE ADDRESS Direct all correspondence to: Customer Number 24353 Customer Number 24353									
BOZICEVIC, FIELD & FRANCIS LLP 1900 University Avenue, Suite 200									

1900 University Avenue, Suite 200 East Palo Alto, California 94303 Telephone: (650) 327-3400 Facsimile: (650) 327-3231

Direct Telephone Calls to: (name and telephone number)

Name: Paula A. Borden Registration No. 42,344 Telephone: (650) 327-3400 Facsimile: (650) 327-3231

ATTORNEY'S COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF **DOCKET NUMBER:** ATTORNEY (continued) (Includes Reference to PCT International Applications) UCLA-007 **GIVEN NAME** FAMILY NAME OR FULL NAME OF (FIRST & MIDDLE NAME [IF ANY]) SURNAME **INVENTOR** WENYUAN SHI **COUNTRY OF** STATE/FOREIGN CITY ADDRESS AND CITIZENSHIP **COUNTRY** 201 CITIZENSHIP California USA Los Angeles **COUNTRY** CITY, STATE ZIP STREET ADDRESS POST OFFICE **ADDRESS** 90095 USA Los Angeles, California 10833 Le Conte GIVEN NAME **FAMILY NAME OR FULL NAME OF** (FIRST & MIDDLE NAME (IF ANY)) SURNAME **INVENTOR FANG** GU **COUNTRY OF** STATE/FOREIGN CITY ADDRESS AND CITIZENSHIP COUNTRY 202 CITIZENSHIP California P.R. of China Los Angeles **COUNTRY** CITY, STATE ZIP STREET ADDRESS POST OFFICE **ADDRESS** Los Angeles, California USA 90095 10833 Le Conte Avenue FAMILY NAME OR **GIVEN NAME** (FIRST & MIDDLE NAME [IF ANY]) **FULL NAME OF** SURNAME INVENTOR STATE/FOREIGN **COUNTRY OF** CITY **CITIZENSHIP** ADDRESS AND **COUNTRY** 203 CITIZENSHIP **COUNTRY** ZIP STREET ADDRESS CITY, STATE POST OFFICE ADDRESS **GIVEN NAME** FAMILY NAME OR **FULL NAME OF** (FIRST & MIDDLE NAME [IF ANY]) SURNAME **INVENTOR COUNTRY OF** STATE/FOREIGN CITY CITIZENSHIP ADDRESS AND **COUNTRY** 204 CITIZENSHIP **COUNTRY** ZIP CITY, STATE STREET ADDRESS POST OFFICE ADDRESS I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF **INVENTOR 204 INVENTOR 203 INVENTOR 201 INVENTOR 202** DATE: July 19, 2005 DATE: DATE: DATE:

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